

# Kinderland Education and Childcare Centre REGISTRATION FORM

Child's Name: \_\_\_\_\_  
Surname Full given name

Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Birth Date: \_\_\_\_\_ F M  
Day Month Year

Home Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_  
Toilet Trained: YES  NO

E-mail Address: \_\_\_\_\_

Child lives with: Both Parents  Mother only  Father only  Guardian

Parent Information: Married  Separated  Divorced  Single   
If separated or divorced who has custody? Mother  Father  Joint

Address of: Mother/ Father  
(If different from above)  
\_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_

Emergency /Alternate child pick up person:  
1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
2. Name: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

<p style="text-align: center;"><b>Father/Guardian</b></p> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Father's Name _____ Employer _____ Business Address _____ City: _____ Postal code: _____ Business Telephone _____ Cell Phone _____ E-Mail _____ Occupation _____ <th data-bbox="812 1016 1542 1491"><p style="text-align: center;"><b>Mother/Guardian</b></p>Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mother's Name _____ Employer _____ Business Address _____ City: _____ Postal code: _____ Business Telephone _____ Cell Phone _____ E-Mail _____ Occupation _____</th>	<p style="text-align: center;"><b>Mother/Guardian</b></p> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mother's Name _____ Employer _____ Business Address _____ City: _____ Postal code: _____ Business Telephone _____ Cell Phone _____ E-Mail _____ Occupation _____
<p><b>Child's Medical Information</b></p> Name of Doctor _____ Doctor's Address _____ City: _____ Postal code: _____ Doctor's Telephone: _____	<p>Physical restrictions and particulars of child's health which you wish to note _____ _____ Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> Epipen Required Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Signature of Mother: \_\_\_\_\_  
Signature of Father: \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

FOR OFFICE USE ONLY Start Date: \_\_\_\_\_ Last Day: \_\_\_\_\_

# Kinderland Education and Childcare Centre

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## Care Requirement:

Preferred Starting Date \_\_\_\_\_  
Day Month Year

Start Date: \_\_\_\_\_

New Application  Re-enrolment

Hours Required: A.M.  P.M.  Full Day

Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_

Days required: Monday   
Tuesday   
Wednesday   
Thursday   
Friday

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Does your child have **siblings** that attend Kinderland? \_\_\_\_\_NO \_\_\_\_\_YES

If yes, please list names and birthdays: \_\_\_\_\_  
\_\_\_\_\_

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Please note which **School** your child attends / will attend \_\_\_\_\_

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**(Cont. from page 1.) Additional Emergency/Alternate child pick up person (s):**

**Your child will be released only to the Emergency/Alternate pick up person(s)/other than parents:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

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Signature of Mother: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date \_\_\_\_\_